

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-819)

SERIAL NO.

FILING DATE

101579 923

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		⑤		1		
8		⑤		1		
9		⑤		1		
10		⑤		1		
11		⑤		1		
12	1		1			
13	1		1			
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	17	←	13	←		←
TOTAL CLAIMS	21		17			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						